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08/31/2005

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LAW DEPARTMENT  
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DEERFIELD, IL 60015

11/25/2005 CNGUYEN1 00000011 021440 10035821

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Susanne L. Grant (Depositor's name)  
*Susanne L. Grant* (Signature)  
November 22, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/035,821	10/19/2001	Jane Werling	IDD-5657 CIP2	2470

TITLE OF INVENTION: METHOD FOR PREPARING SUBMICRON SUSPENSIONS WITH POLYMORPH CONTROL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$0	\$0	\$0	11/30/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
OH, SIMON J		1618	424-489000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Michael C. Mayo

2. Raymond M. Mehler

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

BAXTER INTERNATIONAL INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DEERFIELD, ILLINOIS

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 1

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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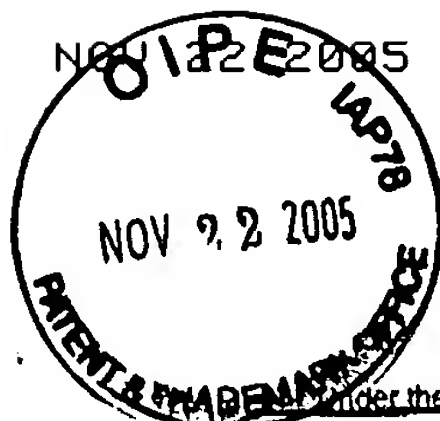
Date November 22, 2005

Typed or printed name Michael C. Mayo

Registration No. 38,545

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number	10/035,821
Filing Date	10/18/2001
First Named Inventor	Jane Warling
Art Unit	1618
Examiner Name	Simon J. Oh
Attorney Docket Number	IDD-5657 CIP 2

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Issue Fee		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	BAXTER INTERNATIONAL INC.		
Signature			
Printed name	Michael C. Mayo		
Date	November 22, 2005	Reg. No.	38,545

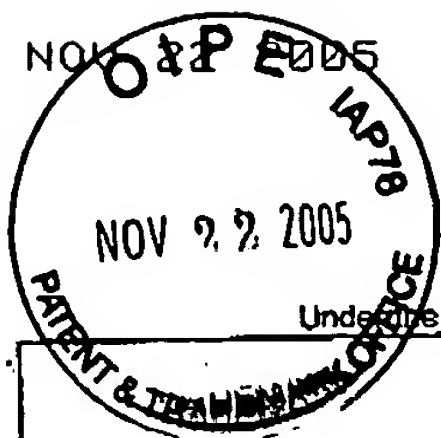
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Signature			
Typed or printed name	Susanne L. Grant	Date	November 22, 2005

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### Transmittal Form

Part B - Fees(s) Transmittal (1 original, 1 copy)

4 pages total including this sheet/ IDD-5657 CIP 2, 10/035,821

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